

KEVIN S. SETTLEMENT COMMITMENTS

Children, Youth and Families Department

Barbara J. Vigil, Cabinet Secretary

Beth Gillia, Deputy Cabinet Secretary

Emily Martin, Director, Protective Services Division

Human Services Department

Angela Medrano, Deputy Cabinet Secretary

Bryce Pittenger, CEO - Behavioral Health Collaborative



Legislative Health and
Human Services
Committee
November 28, 2022

What is the Kevin S. Settlement?

A 2020 agreement between the State (CYFD and HSD) and the Plaintiffs (14 children in foster care, Native American Disability Law Center, and Disability Rights NM) resolving a federal civil rights lawsuit filed in 2018.

The lawsuit claimed that the State violated the rights of children in state custody by:

- Not having enough caseworkers, foster parents, and mental health professionals to ensure stable and supportive placements;
- Not screening for trauma and not providing appropriate, adequate, and coordinated behavioral health services;
- Not consistently monitoring children's health and treatment;
- Not facilitating collaboration between those responsible for providing care and services, ensuring an individualized planning process for each child, and not focusing on sustaining relationships; and
- Not complying with the letter and spirit of the Indian Child Welfare Act.

What is the Kevin S. Settlement?

In the Settlement Agreement, the State committed to a variety of actions and outcomes in 4 areas:

- **Trauma-Responsive System of Care** (Appendix A)
- **Least Restrictive and Appropriate Placements** (Appendix B)
- **The Indian Child Welfare Act** (Appendix C)
- **Behavioral Health Services** (Appendix D)

Three Co-Neutrals monitor our progress and fulfillment of our Commitments:

- Pamela Hyde, Hyde & Associates Policy and Practice Consulting
- Judith Meltzer, Center for the Study of Social Policy
- Kevin Ryan, Public Catalyst

Appendix A Overview

CYFD and HSD will build and support a trauma-responsive system of care for all children in state custody.

- ❖ A trauma-responsive system of care is one that identifies, recognizes, and understands the effects of trauma and provides sufficient services and supports to ameliorate trauma, including secondary trauma.
- ❖ A trauma-responsive system of care must also support and serve other stakeholders, including families and people who work for or on behalf of children, youth, and families.

Appendix A:

Accomplishments



- Approval of the CAT (Crisis Assessment Tool) - identifies the acute needs of the Child in State Custody (CISC)
- Approval of the CANS (Child and Adolescent Needs and Strengths), a 'communametric' validated tool that identities needs and strengths
 - Full implementation December 2021
 - Over 950 CANS completed by CYFD workers, with an additional 1180 completed by the CBHCs. Over 500 CYFD workers trained
 - Managed Care Orgs trained and training their Care Coordinators
- Approval of Individualized Planning Process (IPP) which is team based decision making, child and family teams (Child Welfare and Policy Group)
 - Training added to new hire; current training of PS staff
 - As part of the requirement for facilitation, two coaching sessions are required. All Regions are engaged in coaching right now.
 - Full Implementation of IPP December 2022 in all regions
- Progress on the Trauma Responsive Training Plan
 - Trainings and coaching have begun internally
- Progress on Quality Assurance, Improvement, and Evaluation Plan (QAIEP)
 - Began trial implementation October 2022 using qualitative and quantitative approach

Appendix B Overview

Appropriate Placements in the Least Restrictive Settings



Goals:

- ❖ *Every Child in State Custody will be in a family home, within their community in New Mexico.*
 - *Specific Exceptions*
 - *Individualized Planning and Teaming*

- ❖ *Create and Implement a Workforce Development Plan*
 - *Healthy and well supported workforce*

Placements of Children in State Custody

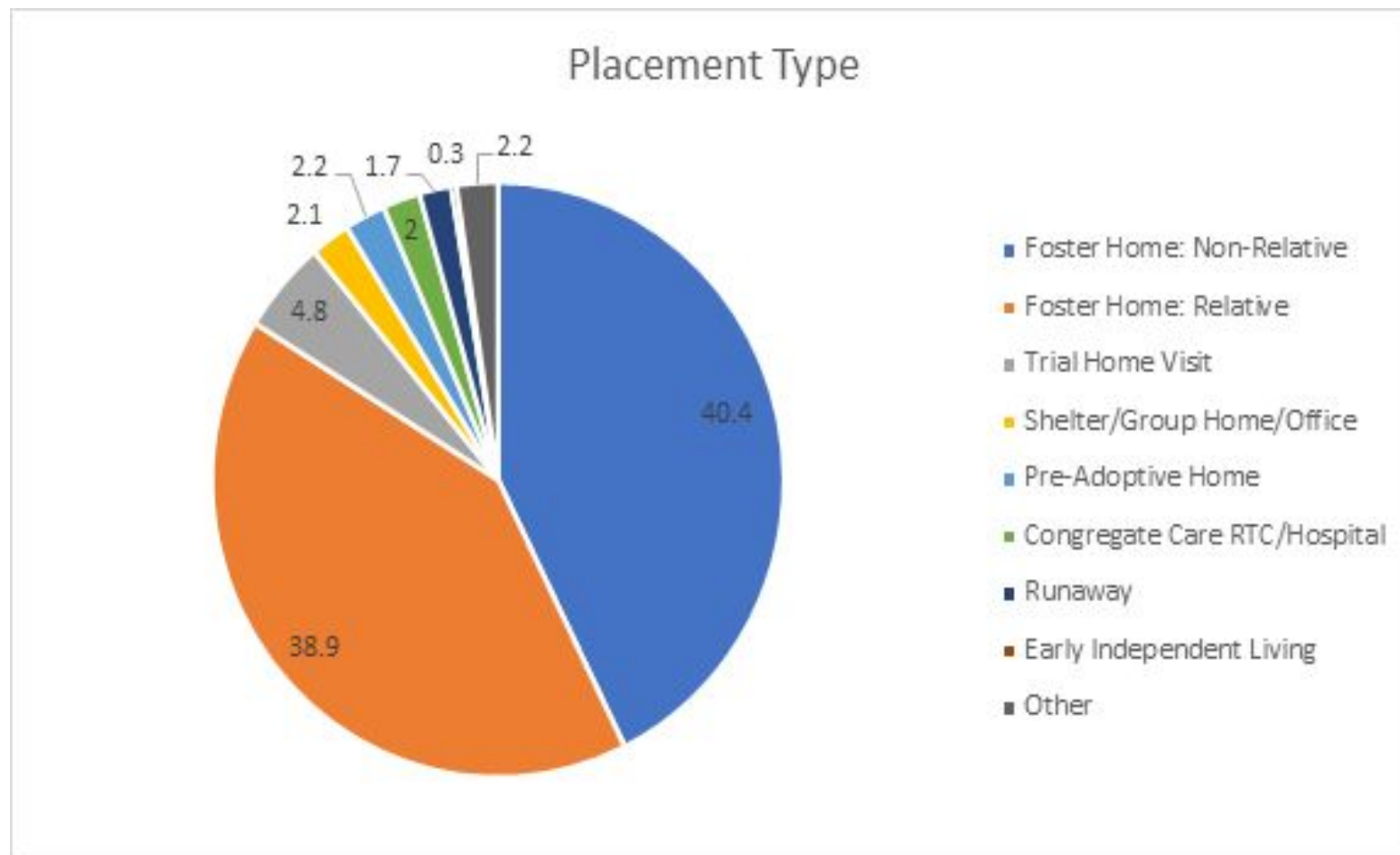
October 2022:

1895 Children in custody

Approximately 86%* of children in custody were in an family based or independent living setting.

**Foster Home: Non and Relative, Trial Home Visit, Pre-Adoptive Home, Early Independent Living*

October 2022: 1895 Children in CYFD Custody



Achievements

Recruitment and Retention of Resource Families

Implementation Targets 1.1; 2.1; 3.1; 3.2

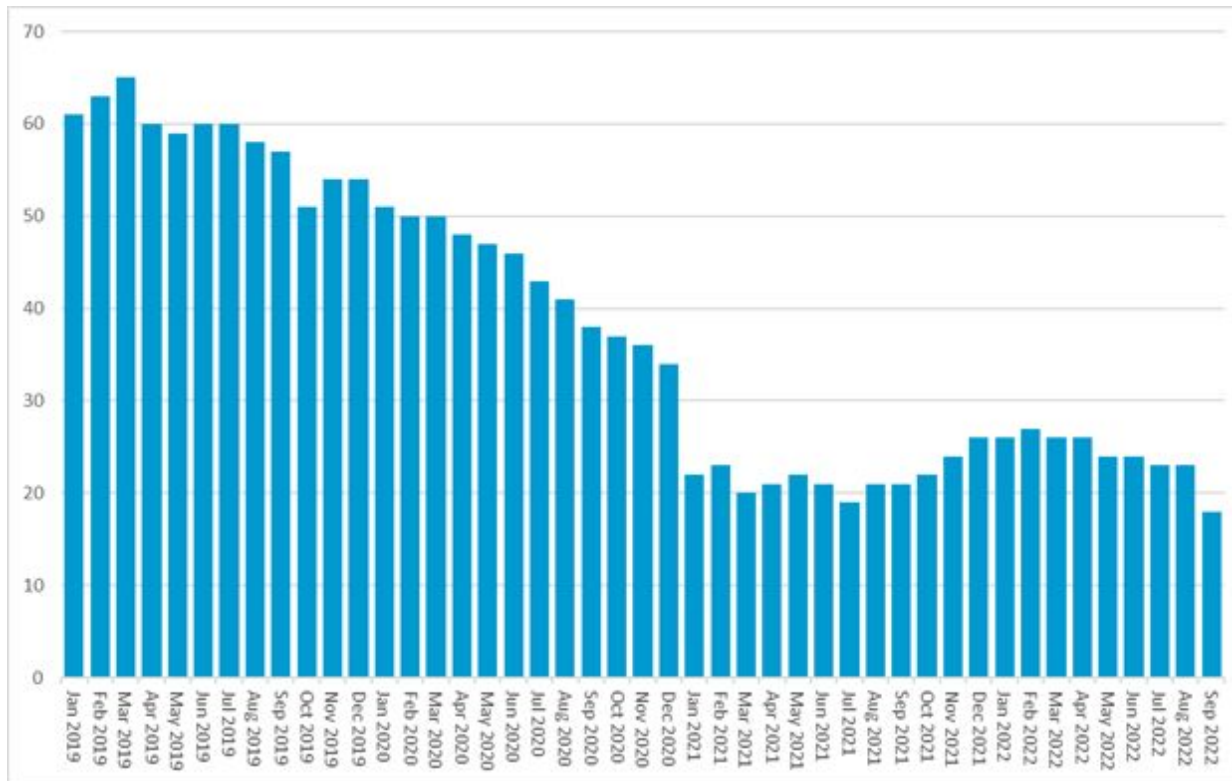
- Recruitment and Retention Plan, approved and Implemented
 - *New Pre-Service and Ongoing Training for Resource Families*
 - *Peer to Peer Warmline*
 - *Resource Parent Handbook*
 - *Created Resource Parent and Youth Grievance Procedure, including Retaliation Policy*
 - *Placement with Relatives and Fictive Kin*



Reduction in Congregate Care Placements

2019 - 2022

Out of State Congregate Care Facilities



2018 - 2022

In-State and Out of State Congregate Care Facilities*

August 2018: 277 Children In State Custody in Congregate Care Settings

August 2020: 145 Children In State Custody in Congregate Care Settings

August 2022: 88 Children In State Custody in Congregate Care Settings

Over a 4 year period CYFD Protective Services has decreased the number of Children in Congregate Facilities by **61%**

** Residential Treatment Facilities, Group and Community Homes*

CYFD Workforce Development Plan

Targeted Outcome B 10.2

Current Status:

- Workforce Development Plan has not yet been approved by the Co-Neutrals
- Partnered with national expert to create robust plan

Sections include:

- Staff survey results
- Caseload standards and workforce needs
- Recruitment
- Hiring
- Training and graduated caseloads
- Retention
- Leadership Development
- Compensation

Appendix C Overview: Indian Child Welfare

✓ Full-time staff person responsible for culturally responsive services

✓ Out of Preferred Placement Staffings and Procedures

✓ Dedicated ICWA Unit in Metro Region

✓ State ICWA

- Design & implement an ICWA training plan
- Maintain cultural connections for NA children in state custody
- Plan to increase recruitment & retention of Native Resource Families

Appendix C

Capacity Building



CURRENT ACHIEVEMENTS

- Established Office of Tribal Affairs in statute
- Hired OTA Director, PS and BH Tribal Coordinators, and Administrative Consultant
- Designated Assistant General Counsel to focus exclusively on tribal matters
- Governor appointed Special Projects Coordinator for Tribal Affairs
- Designated ICWA Unit in Bernalillo County

NEXT STEPS

Hiring in FY 23: JJS Tribal Coordinator & Indian Child Welfare Training Coordinator/Coach

Seeking FY24 budget for:

- Financial Analyst A
- ICWA/IFPA Quality Assurance Manager
- Native American Resource Parent Coordinator
- Support of tribes' partnership in CYFD policy and training development

Appendix C

IT 1.1 - State ICWA

CURRENT ACHIEVEMENTS

- Indian Family Protection Act (IFPA) passed in 2022 legislative session
- IFPA training for
 - tribal leaders and workers, and
 - CYFD protective services staff and CCAs (including ongoing microlearnings)
 - Resource Parent training
- Indian Child Welfare Summit—October 11, 2022
- Resource dissemination to support implementation

NEXT STEPS

- Collaborating with AOC on IFPA training for judges and others in 2023
- Updating procedures and promulgating rules to incorporate IFPA



Appendix C

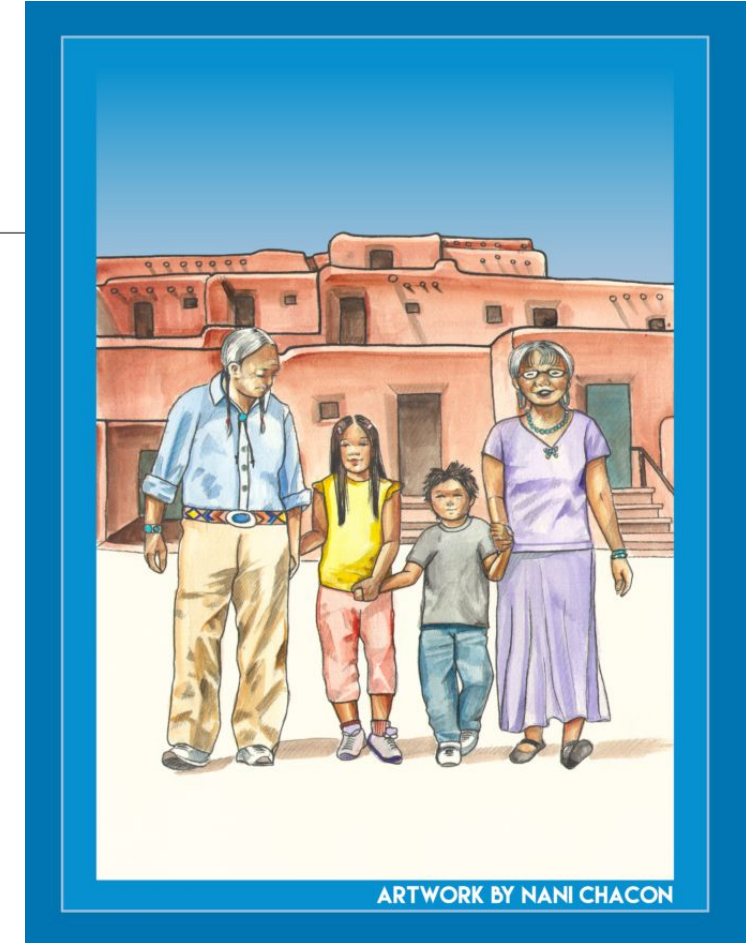
TO 4.1 - Out of Preferred Placement Reviews

CURRENT ACHIEVEMENTS

- Approval of establishing the OOPP staffing process
- OOPP staffings began in March 2021 - approximately 120 held per month
- QA review and listening sessions held.
- Opportunity to support frontline workers' commitment to preserving cultural connections.

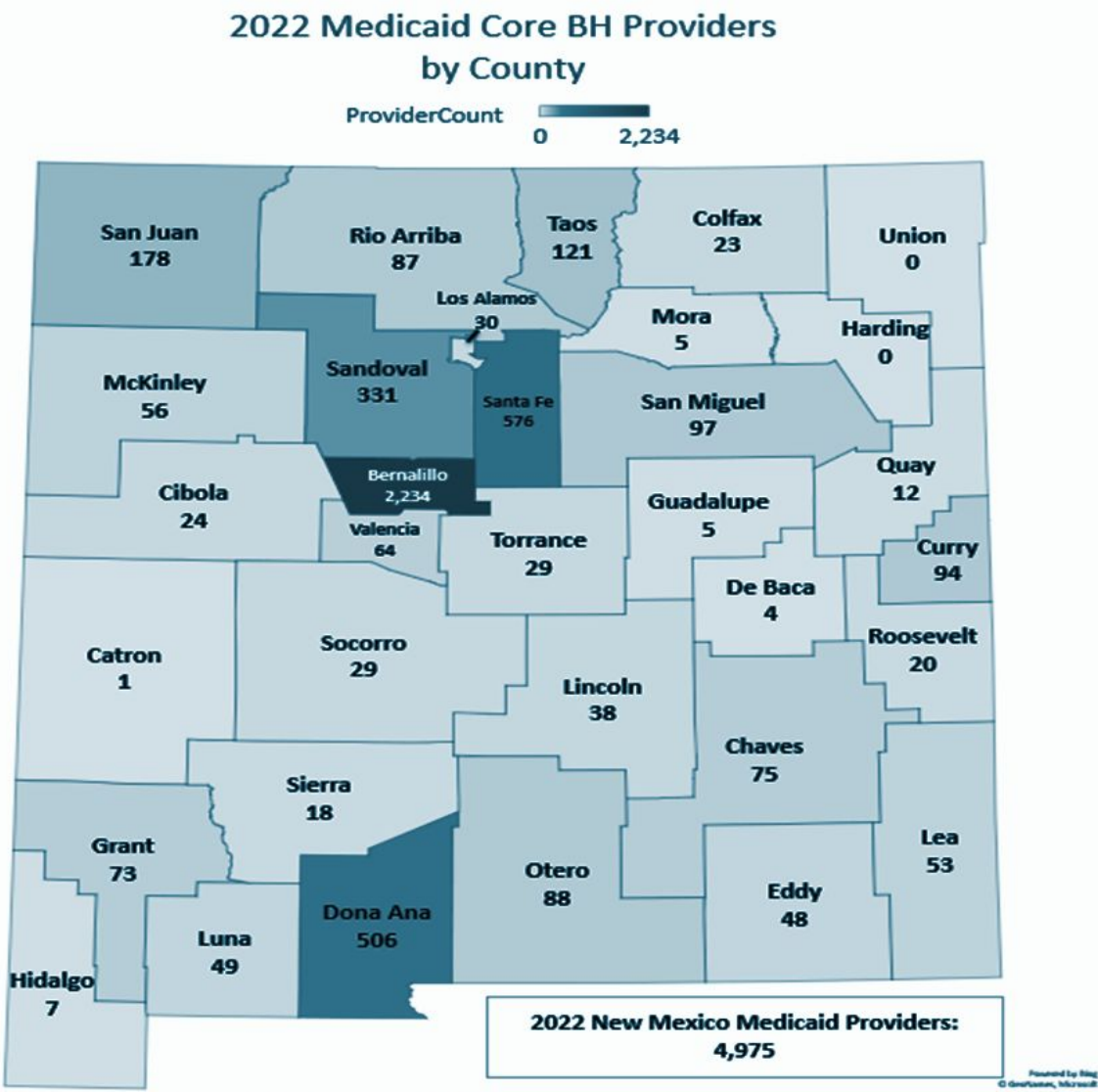
NEXT STEPS

- Create a method for comparing length of time in OOPPs before the OOPP staffings began and after.
- Revise PIG to improve effectiveness



Appendix D Commitments

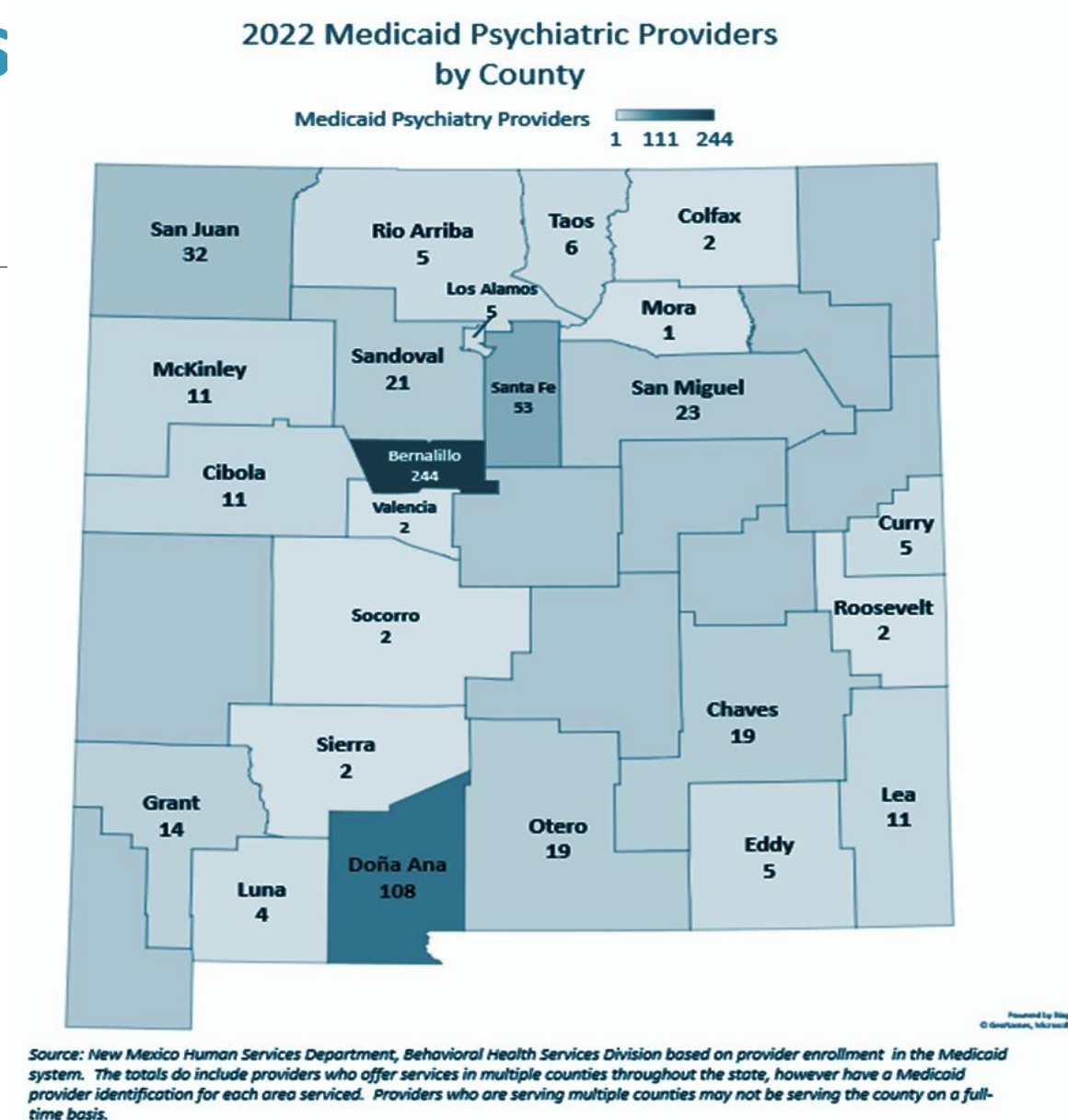
- ❑ CYFD and HSD will build a statewide, community-based mental health system that all children and families will be able to access, regardless of where they live.
- ❑ The system will include a diverse and full spectrum of community-based services, will decrease reliance on congregate care, keep families together in their community to the maximum extent possible, and greatly reduce reliance on out-of-state residential placements.



Source: New Mexico Human Services Department, Behavioral Health Services Division based on provider enrollment in the Medicaid system. The totals do include providers who offer services in multiple counties throughout the state, however have a Medicaid provider identification for each area serviced. Providers who are serving multiple counties may not be serving the county on a full-time basis.

Appendix D Accomplishments

- ✓ High Fidelity Wraparound Service Approved
- ✓ 30% average increase to BH Outpatient Provider Rates
- ✓ 103.8% Increase in number of 'Core' BH Providers since 2017
 - 66.2% Urban
 - 31.8% Rural
 - 1.9% Frontier
- ✓ 66% increase in Medicaid BH Prescribers since 2017
- ✓ Medicaid Actuary conducting provider rate benchmarking work to include BH rates
- ✓ Rate Development for Evidenced Based Therapies
- ✓ MCO Care Coordination Level 2 or 3 for CISC



Medicaid 1115 Waiver Renewal & MCO Procurement

1115 Waiver Renewal - specific to children in custody:

- High Fidelity Wraparound
- Statewide Closed Loop Referral System
- Continuous Eligibility for Children up to age 6
- Expand Home Visiting Programs
- Native American Member Directed Reimbursement for Tribal Healing

MCO Procurement Program Changes

- Effective January 2024
- Single CISC MCO

QUESTIONS?
